

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Diane M. Dillon Phillip		COURT CASE NUMBER 07C6461
DEFENDANT Thresholds Psychiatric Rehabilitation Center		TYPE OF PROCESS S/C
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Thresholds Psychiatric Rehabilitation Centers	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 4101 N. Ravenswood, Chicago, IL 60613	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Diane M. Dillon Phillips
2138 W. 114th Place
Chicago, IL 60643

Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING
Telephone Numbers, and Estimated Times Available For Service:
Fold**FILED**

Jan 30, 2008

JAN 30 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

01-15-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk TD	Date 01-15-08
---	---------------------------	-------------------------------------	------------------------------------	---	-------------------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Mary Arzillo, Area Director

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

01/28/08

10:10

am

pm

Signature of U.S. Marshal or Deputy

Michael W. Dobbins

Service Fee 96.00	Total Mileage Charges (including endorsements) 6.80	Forwarding Fee 0	Total Charges 102.80	Advance Deposits 0	Amount owed to U.S. Marshal or 102.80	Amount of Refund 0
-----------------------------	---	----------------------------	--------------------------------	------------------------------	---	------------------------------

REMARKS: **2 USMS, 1 Hr, 14.04 miles**